



ROUND ROCK PUBLIC LIBRARY SYSTEM ROOM RESERVATION AGREEMENT FORM
 216 E. Main, Round Rock, Texas 78664 * 512-218-7005 * FAX: 512-218-7061 * EMAIL: dowens@roundrocktexas.gov

Reservations are made on the hour or half hour **and must include set-up time.** Hourly Rates are Not Prorated

Full payment and a completed form are the only guarantees that a room is reserved for you.

<u>Circle room needed:</u> Room A Room B Room C		<u>Date(s) of use:</u> (Long term, use below) 1 _____ 2 _____ Other: _____		<u>Time(s) of use:</u> _____ <u>Total hours:</u> _____
<input type="checkbox"/> Non-profit <input type="checkbox"/> Private <u>ORGANIZATION:</u> _____ <u>CONTACT NAME:</u> _____				
Address: _____			City: _____	State/ Zip _____
Work phone _____	Home phone _____	E-mail _____	Name and phone of 2 nd contact: _____	

FEES: Circle all that apply, fill in fees which vary, then total

Room	Fee (Fee x Hrs)	Kitchen	Security deposit	Equip*	Total
Room A		\$10/hr., Max \$40	\$100.00		
Room B			Not refunded 7 days or less prior to event		
Room C		\$16.00, Max \$64	\$160.00		
			Not refunded 14 days or less prior to event		

*Available Equipment Includes: Overhead Projector@ \$10 / day; Computer projector, \$100.00/day

*I accept the conditions of use as stated on the **Guidelines for Meeting Room Use** provided to me and will comply with all requirements. I understand that failure to notify the library by the time limit indicated above will result in forfeiture of the security deposit, and that if other conditions posted in each room are not met then penalty fees will be deducted from the deposit*

Customer: Please initial that you understand each point below

- _____ I/my group has until _____ to cancel this reservation and complete payment on this room.
After that time, I/we will LOSE the security deposit.
 _____ I've given you times that reflect set up and clean up time. It is unlikely that I or my group will have the room available to me outside of the times I've reserved today.
 _____ I my group will bring all supplies needed for my meeting/activity. I/my group will not ask the staff for tape, scissors, etc.
 _____ AV (Projectors) requests at the time of the event will be billed at triple the reserved rate
 _____ I understand that alcohol may not be served and that the room should be vacated by 10:30 pm (for reserves at the end of the day)
 _____ I understand that my deposit will be cashed and that I have sufficient funds to cover the deposit.
 _____ I understand that it will take 2-4 weeks before I receive my unused portion of the deposit.

Signature _____

Date _____

DEPOSIT AMOUNT: \$	RENT AMOUNT: \$	Accepted by:
DEPOSIT DATE:	RENT DATE:	Confirmed or Refunded (circle one)
DEPOSIT RECEIPT #:	RENT RECEIPT #	
Cancellation date: _____ (Must be on or before the refund deadline shown above to have deposit returned)		
Cancellation Received by (check): <u>Phone</u> <input type="checkbox"/> <u>Mail</u> <input type="checkbox"/> <u>E-mail</u> <input type="checkbox"/>		
Cancellation Contact Info:		